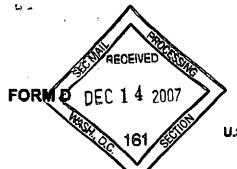
142/602



U.S. SECURITIES AND EXCHANGE COMMSSION Washington, D.C. 20549

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION



## PROCESSED

DEC 19 2007

THORACON

Name of Offering	g 🛘 check if this	ls an amend	ment and nar	ne has changed, a	nd indicate chang	e.)	I-INANCIAL
Filing Under (Ch	eck box(es) that	apply): X	Rule 504	□ Rule 505	☐ Rule 506	X Section 4(6)	OE
Type of Filing:	X New Filing	□ Amendr	nent				
	_		A. B	ASIC IDENTIFICA	TON DATA		
	mation requested						
	WestMountain	Distressed D	lebt, Inc.	ne has changed, ar		e.)	liki sina sina sina sina
Address of Exec	utive Offices 103 West Moun			ity, State, Zip Code to 80524	)		
Address of Princ (if different from I	ipal Business Op Executive Offices	erations (Nui	mber and Str	eet, City, State, Zip	Code)	0708	5655 -
Brief Description	of Business						
	P	The Com	pany is in th	he business of acc	quiring and man	aging distressed debt.	,
Type of Business X corpo		☐ limited p	partnership, a partnership, to	ilready formed o be formed	□ oth	er (please specify):	
				Month	Year	<del></del> -	
Actual or Estimat	ted Date of Incorp	noration or O	manization.	10	2007	X Actual   Estimated	
	•		Service (1911)		2001	V Worner - Camileten	<b>!</b>
Jurisdiction of Inc	corporation or Or	janization:		er two-letter U.S. Pe		•	11
GENERAL INST	DUCTIONS	·····	CN for Canac	da; FN for other for	eign junsdiction)		<del></del> .
JENERAL INSTI	RUCTIONS						
Federal:		<b>.</b>					
Who Must File: A	All issuers making	an offering	of securities	in reliance on an e	xemption under R	egulation O or Section 4(6	5), 17 CFR 230.501
seq. or 15 U.S.C.	, //d(t). natice must be fi	lad aa letss t	han 15 days	often the flest	of manufiting in the	affering. A notice is deen	
Securities and Ex	xchange Commis	sion (SEC) o	n the earlier	of the date it is rec	or securities in the sived by the SEC	at the address given belov	O the character of the U.S
address after the	date on which it	is due, on the	e date it was	mailed by United S	itates registered o	r certified mail to that add	. 61, 11 1 <b>466</b> 1466 21 01 1628.
Where to File: U	I.S. Securities and	Exchange (	commission,	450 Fifth Street, N	.W., Washington,	D.C. 20549.	
copies Required.	, <u>irive (5)</u> ; of this i	notice must t	HE THEO WITH T	he SEC, one of whi /ped or printed sign	ch must be manu	ally signed. Any copies no	t manually signed
niot de photocoj niomation Real	ples of the manua <i>dred.:</i> A new filin	amust conte	in ell informa	/ped or printed sign ation requested. Ar	iziures. nendments need i	only report the name of th	a iccurr and offedor
any changes the Part E and the Ap	reto, the informat ppendix need not is no federal filin	ion requests be filed with	d in Part C, a	and any material cl	nanges from the in	nformation previously supp	slied in Parts A and I
<del>.</del>							
State: This notice shall I adopted ULOE a state where sales	nd that have ado	pted this for	n, issuers re	ilvina on ULOE mu	st file a secarate	for sales of securities in t	hose states that hav

**ATTENTION** 

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss, of an available state exemption unless such exemption is predicated

SEC 1972 (1046)

on the filing of a federal notice.

the notice constitutes a part of this notice and must be completed.

			BASIC IDENTIFIC	ATION DATA		
<ul> <li>Each beneficial ov issuer:</li> </ul>	the-issuer, if the is oner having the po	suer has been organized wer to vote or dispose, o	d within the past five year or direct the vote or dispos	ition of, 10% or		
Each general and	ncer and director of managing partner	of partnership issuers.	of corporate general and	managing partne	ers of partnership issue	ris; and
Check Box(es) that Apply: I		X Beneficial Owner	X Executive Officer	X Director	☐ General and/or	Managing Partner
Full Name (Last name first,	if individual) Kle <u>msz,</u> Brian L.					
Business or Residence Ado	tress (Number a	nd Street, City, State,				
	103 West Mount	tain, Fort Collins, Cold	orado 80524			
Check Box(es) that Apply:	☐ Promoter	X Beneficial Owner	X Executive Officer	X Director	☐ General and/or	Managing Partner
Full Name (Last name first,	if individual)					:
Business or Residence Add	iress (Number a	nd Street, City, State,	Zip Code)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	□ Executive Officer	☐ Director	☐ General and/o	Managing Partner
Full Name (Lest name first,	(findividual)	·····				
Business or Residence Add	ress (Number a	nd Street, City, State,	Zip Code)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or	Managing Partner
Full Name (Last name first,	if individual)			<u>.</u>		
Business or Residence Add	lress (Number a	nd Street, City, State,	Zip Code)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or	Managing Partner
Full Name (Last name first,	if individual)			<del>-</del>		
Business or Residence Add	lress (Number a	nd Street, City, State,	Zip Code)			
Check Box(es) that Apply:	☐ Promoter	🗓 Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or	Managing Partner
Full Name (Last name first,	if individual)	<u> </u>			. !	<del>-</del>
Business or Residence Add	ress (Number pr	nd Street, City, State,	Zip Code)		1	,
			<u></u>			
Check Box(es) that Apply:	☐ Promoter	Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or	Managing Partner
Full Name (Last name first,	if individual)	<u>, , , , , , , , , , , , , , , , , , , </u>			<u></u>	<u> </u>
Business or Residence Add	ress (Number ar	nd Street, City, State,	Zip Code)			
	··				-	

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				B. INFO	OTAMA	N ABOU	TOFFER	NG			· .			
1, Has the issuer sold.	or does th	e issuer	intend to	sell, to n	n-200760	ited inve	stors in th	nis offerin	g?	<del></del>	Yes X	No 🗆	• • • • • • • • • • • • • • • • • • •	
.,,_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Answ	er also in	Appendi	k, Column	2. If filin	g under l	JLOE.	-					
. Does the offering pe	rmit joint o	ownership	of a sing	ele unit?						!	Yes	No □	1	
								•		Ì	, <b>^</b>	يب	4.	
What is the minimus	n investme	ent that w	ill be acc	epted fro.	m <i>any</i> ind	lividual?					\$N	N/A		
Enter the informatio commission or simil offering. If a person and/or with a state are associated pare	er remune to be lists or states,	ration for ed is an a list the no	eclicitation beneficions ame of the	n of pure person o broker	shasers in or agent o or dealer.	connect of a broke If more t	ion with a ir or deale han rive (	idles of si or register (5) person	ecurities i red with the rs to be it	in the he SEC lated		Not ap	plicable	
ull Name (Last name	tirst, if ind	ividual)									<del></del>			
<u> </u>		75 T	- Char	or 014.	Marka Mark	0-45					<del>-                                    </del>			
usiness or Residence	Address	(Number	and Stree	et, City, S	wate, zip	Code)			4.	ì			•	
ame of Associated B	roker or D	esier						<del></del>	····					
tates in Which Perso	n Listed H	as Solicit	ed or Inte	nds to S	olicit Purc	hasers				,				
Check "All States" or	check Indi	vidual Sta	ites)									a	All State	
(AL)	[AK]	(AZ)	[AR]	[CA]	[CO]	[CT]	[DE]	(DC)	(FL)	[GA]	(HI)	[1D]	٠.	
iri	[IN]	[IA]	(KS)	[KY]	(LA)	(ME)	[MD]	[MA]	[MI]	[MM]	[MS] (OR)	[OM]		
MT] _ (R()	(NE) (SC)	(NV) (SD)	(NH) [TN]	[XI] [VJ]	[MM] [TU]	[NY] [VT]	(NC) (VA)	[ND] [WA]	(WV)	(WI)	(WY)	(PA) [PR]		
ull Name (Last name	first, if Ind	(leubly	<del>(1.1</del>									,	ľ	
						<del></del> _				·····	<del></del>			
usiness or Residena	Address	(Nuimber	and Street	et, City. ş	state, Zip	Code)			•	!				
ame of Associated B	roker or D	ealer					<del></del>		<del></del> _		<del>-</del>			
tates in Which Perso	n Listed H	as Solidi	ed or Inte	nds to S	olicit Purc	hasers			<del> </del>					
Check "All States" or							,				,	a	Ali State	
[AL]	[AK]	(AZ)	[AR]	[CA]	[CO]	[CT]	[DE]		[FL]	[GA]	អេរា	[10]		
ก็เม้	[IN]	[IA]	iksj	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	MN	MS)	[MO]		
[MT] [191]	[NE] [SC]	[NV]	[NH]		[MM]	[55]	[NC] [VA]	[ND] [WA]	[WV] [OH]	[W]	iori (WY)	[PA] [PR]	•	
uli Name (Last name	first, if Ind	ividual)										·		
		Ml. ash s s		. 0		Ondo:				:				
usiness or Residence	ACCIESS	(Numper	and out	ы, слу, с	かばに, ム)ド	C000)								
ame of Associated B	oker or De	ealer	· <del></del>	<del></del>			<u></u>						<del></del>	
tates in Which Perso	Listed H	as Solicit	ed or Inte	nds to So	olicit Purc	hasers		·						
Check "Ali States" or	check indh	/Idual Sta	ites)	•••••		• • • • • •		,	• • • • • • •	•••••		a.	All State	
[AL]	[AK]	[AZ]	[AR] [K\$]	[CA]	(CO)	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	. :	
(PL) (MT) (Rs)	[NÉ] (SCI	(IA) (NV) (SD)	(NH) [TN]	[23] [23]	[LA] [NM] [UT]	[ME]	[MD] [NC] [VA]	[MA] [ND] [WA]	[Mi] [OH] [WW	[OK]	[MS] [OR)	[MO] [PA] iDBi	:	

(Use blank sheet, or copy and use additional copies of this shed, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE	OF PROCEE	os
<ol> <li>Enter the aggregate offering price of securities included in this offering and the total amount already sold. E if the transaction is an exchange offering, check this box</li></ol>	Mar IIO II and	une la financia de la constante
	Aggregate	Amount Already
Type of Security	Offering Pri	cas Sold
		1
Debt		<u> </u>
Equity \$	48,575	\$ <u>46.675</u>
X Common		•
Convertible Securities (including warrants)		\$
Partnership Interests	i	5
Other (Specify)		
Total \$	48,575	S 46.878
Answer also in Appendix, Column 3, if filing under ULOS.		i
2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchases excurities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or " zero. "	ŕ	1
Aggregate	Dôller Amous	- <b>4</b>
	Of Purchase	
		•
Accredited investors		
Non-scoredited Investors	46,575	- -
Total (for filings under Rule 504 only)	46,575	
y the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of curities in this offering. Classify securities by type listed in Part C - Question 1.	Type of	Dollar Amount
Type of offering	Security	Sold
Rule 505	•	. \$
Regulation A		
Rule 504	Common	<b>8</b> 40 575
	OVIIRIBUI	\$ 46,575
Total		\$ <u>46,678</u>
a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in its offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be even as subject to future contingencies, if the amount of an expenditure is not known, furnish an estimate and seck the box to the left of the estimate.	,	1
Transfer Agent's Fees		- \$
Printing and Engraving Costs		<b>-</b> \$
Legal Fees		o \$
Accounting Fees		□ \$
Engineering Fees		□ \$
Sales Commissions (specify finders' fees separately)		
Other Expenses (Identify) Escrow Agent fees		\$
Total		i⊐s

i check the box to the left of the estimate. The sted gross proceeds to the issuer set forth in resp	total of the payments listed must exonse to Part C - Question 4.b above.	quai t	Payments to Officers Directors, & Affillates	Payments To
Salaries and fees			\$	_ 🗅 🗀 🖢
Purchase of real estate		. 🗖	\$	\$
Purchase, rental or leasing and installation of				
Construction or leasing of plant buildings and	facilities	□	\$	s
Acquisition of other businesses (including the in this offering that may be used in exchange another issuer pursuant to a merger)	for the assets or securities of		\$	_
Working capital			\$	
Other (specify):			\$	,
Column Totals			5.	<u> </u>
Total Payments Listed (column totals added)	 		_	48,575
	D. FEDERAL SIGNATURE			
sever has duly caused this notice to be signed to	issuer to furnish to the U.S. Securi	lies s	nd Exchange (	Commission, upon v
est of its staff, the information furnished by the iss	mento any non-accredited investor pur			

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

Intentional microtatements or a lively	ATTENTIO	N	15		
Intentional misstatements or omission	ns of fact constitute	rederal criminal violation	16. (See <b>1</b> 8 U	S.C. 1	1001.}
	E OTATI GIONIA	TUDE			
Is any party described in 17 CFR 230.252(c), (d), of such rule?	E. STATE SIGNA (e) or (f) presently sub		ion provisions	Yes	No X
Sec /	Appendix, Column 5, fo	r state response.			
<ol><li>The undersigned issuer hereby undertakes to furn D (17 FR239.500) at such times as required by state</li></ol>	iish to any state admini I law.	strator of any state in which th	nis notice is rik	ed, a n	otice on For
<ol><li>The undersigned issuer hereby undertakes to furn to offerees.</li></ol>	ish to the state adminis	drators, upon written request,	information fur	nished	by the Issue
<ol> <li>The undersigned issuer represents that the issuer Offering Exemption (ULOE) of the state in which exemption has the burden of establishing that these</li> </ol>	this notice is filed ar	nd understands that the issue	to be entitled to er claiming th	the U	niform limite ability of th
The issuer has read this notification and knows the undersigned duly authorized person.	contents to be true an	d has duly caused this notice	to be signed	on its	bahalf by th
issuer (Print or Type) WestMountain Distressed Debt, Inc.	Signature		Date	12/11	/07
Name (Print or Type)	Title (Print or Type)			_	

Brian L. Klemaz

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

1	Intend to r accre inves St	2 I to sell non- edited tors in ate -Item. 1)	3 Type of security and aggregate offering price offered in state (Part C-Item)	4 Type of investor and amount purchased in State (Part C-Item 2)				5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No	
AL										
AK										
AZ					·				•	
AR									1	
CA							1			
co	Х		Common		<del></del>	61	\$46,575		X	
СТ										
DE										
DC	······	j		,						
FL						<u></u>				
GA				<u>'</u>						
HI					<u> </u>		· ·		• .	
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MS									····	
мо					· ;				<del></del>	

Land Control of the C

	Intend to non-a investors	2 to sell ccredited in State Item 1)	3 Type of security and aggregate offering price offered in state (Part C-Item)	4 Type of investor and amount purchased in State (Part C-Item 2)				5 Disqualification under State ULOE (If yes, attach explanation of walver granted): (Part Item)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No	
MT										
NE										
NV								1	1	
NH										
NJ							-		eger .	
NM :										
NY										
NC										
ND '										
ЮН				;						
ОК							, ,			
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PA										
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TN									1 .	
TX	<u> </u>									
UT										
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